MANIMARIE COPY

			-		Application or Docket Number							
PATENT APPLICATION FEE DETERMINATION RECORD												
Effective October 1, 2000 09 699592											2	
	^	CLAIMS AS	S FILED - (Column		(Colur	nn 2)		MALL I	ENTITY '	OR	OTHER SMALL I	
то	TAL CLAIMS						ſ	RATE	FEE] [RATE	FEE
FOR			NUMBER FILED N			BER EXTRA		BASIC FE	E 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			22-minus 20= * 6				X\$ 9=		18	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 = 4 3			3		X40=	160	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If	the difference	L	TOTAL	533	OR	TOTAL						
	CI				_	OTHER						
	-	(Column 1)		(Colu	mn 2) HEST	(Column 3)	1 m	SMAL	LENTITY	OR	SMALL	
AMENDMENT A	,	REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135=		1	+270=	
1-8-11-12-13-t5-19-20								+135=		OR	TOTAL	
								ADDIT. FE	_	OR	ADDIT. FEE	
		(Column 1) CLAIMS		HIG	imn 2) HEST	(Column 3)	Ъ г		ADDI-	7		ADDI-
NOMENT B		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	
AMENDI	Independent	*	Minus	***]=	┨╏	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		1	+270=	
							l	+135= TOT/		OR	TOTAL	
									Ē	OR	ADDIT. FEE	L
_		(Column 1) CLAIMS			ımn 2) HEST	(Column 3)	<u>}</u> .		1 455:	7		455:
AMENDMENT C		REMAINING AFTER AMENDMENT		NUI PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	•	=] [X\$ 9=		OR	X\$18=	
	Independent	*	Minus	1 i 10 **		=	╽	X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDEN	IT CLAIM		J ∤			1	· · ·	
	If the entry in col-	ımn 1 ie lace than	the entry in col	ımn 2 wei	ite "O" in co	lumn 3	l	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	mber Previously Pa	aid For" (Total o	r Indepen	dent) is the	highest numb	er fou	und in the	appropriate b	ox in co	olumn 1.	

This R. L is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

BEST AVAILABLE COPY

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EXTANCE DE	= 5 <u> </u>	598.1	<u></u>					
C. See Stand	Dale	_						